NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee.
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(c) City,		Street Address								
		MANOR LANE			2. FEC IDEN C00439		NUMBER			
	, State an	d ZIP Code	AL	36250	3. TYPE OF	COMMITTEE E PARTY	(check one)			
certify	that c	one of the following situation	s is correct (co	mplete line 4 or 5):						
on	າ	S BY AFFILIATION: The col and simul n with:								
Сс	ommit	tee Name:								
FE	EC Ide	entification Number:								
ST	T A T1 16	S BY QUALIFICATION:								
Γ	below (ONLY State party committees may leave this blank.): Name Office Sought State/District D									
	(i)	JEFF SESSIONS		Senate	AL	00	08/26/2008			
	(ii)	Rep. TIM MURPHY		House	PA	18	03/02/2008			
	(iii)	Rep. MARILYN MUSGRAVE		House	СО	04	03/02/2008			
	(iv)	Rep. JON PORTER		House	NV	03	03/02/2008			
	(v)	JAY K LOVE		House	AL	02	10/09/2008			
(b)) Co on:	ntributors: The committee r	eceived a cont	ribution from its 51st	contributo	or				
(c)	•	gistration: The committee homitted on:	as been registe 	ered for at least 6 m	onths. FEC	FORM	1 was			
(d)) Qu	alification: The committee r	met the above r	equirements on:	01/06/2015		_•			
YPE OF		e examined this Statement and to the I TNAME OF TREASURER g	best of my knowledge SIGNATURE OF TI Thomas H. Young		t and complete lectronically Fi	led] DATE	3/2016			

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M